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PTO/SB/01 (10-00)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

1574(AMF)

First Named Inventor

LOMERSON, JR.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETACHABLE FLIGHT FOR POCKET SIZE ADJUSTMENT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     | US      |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | US      |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **30010** OR ☐ Correspondence address below

Name **Auzville Jackson, Jr.**



Address **8652 Rio Grande Rd.**

**30010**

PATENT TRADEMARK OFFICE

Address

City **Richmond**

State **VA**

ZIP **23229**

Country **US**

Telephone **804/740-6828**

Fax **804/740-1881**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Roland**

Family Name or Surname **Lomerson, Jr.**

Inventor's Signature

Date **12/22/03**

Residence: City **Bradenton**

State **FL**

Country **US**

Citizenship **US**

Mailing Address

**8335 Championship Court**

Mailing Address

City **Bradenton**

State **FL**

ZIP **34202**

Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Geoffrey James**

Family Name or Surname **Parnell**

Inventor's Signature

Date **12/22/03**

Residence: City **Midlothian**

State **VA**

Country **US**

Citizenship **US**

Mailing Address

**5800 Mill Spring Road**

Mailing Address

City **Midlothian**

State **VA**

ZIP **23112**

Country **US**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

|   |          |   |       |
|---|----------|---|-------|
| <b>Name of Additional Joint Inventor, if any:</b> |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle [if any])            |          | Family Name or Surname  |       |
| James   |          | Prill   |       |
| Inventor's Signature <i>James M Prill</i>         |          | Date 12/22/03   |       |
| Residence: City                                   | Richmond | State   | VA    |
|   |          | Country   | US    |
| Mailing Address 532 Bayliss Drive                 |          |   |       |
| Mailing Address                                   |          |   |       |
| City  | Richmond | State   | VA    |
|   |          | ZIP   | 23235 |
|   |          | Country   | US    |
| <b>Name of Additional Joint Inventor, if any:</b> |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle [if any])            |          | Family Name or Surname  |       |
|   |          |   |       |
| Inventor's Signature                              |          | Date  |       |
| Residence: City                                   |          | State   |       |
|   |          | Country   |       |
| Mailing Address                                   |          |   |       |
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|   |          |   |       |
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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |               |
|------------------------|---------------|
| Application Number     |               |
| Filing Date            |               |
| First Named Inventor   | LOMERSON, JR. |
| Group Art Unit         |               |
| Examiner Name          |               |
| Attorney Docket Number | 1574(AMF)     |

I hereby appoint:

☒ Practitioners at Customer Number

30010



OR

☒ Practitioner(s) named below:

| Name                  | Registration Number |
|-----------------------|---------------------|
| Auzville Jackson, Jr. | 17, 306             |
|                       |                     |
|                       |                     |
|                       |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Roland Lomerson, Jr.

Signature

Date

12/22/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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|---|-----------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Auzville Jackson, Jr. |       |              |     |       |
| Address   | 8652 Rio Grande Rd.   |       |              |     |       |
| Address   |                       |       |              |     |       |
| City  | Richmond              | State | VA           | Zip | 23229 |
| Country   | US                    |       |              |     |       |
| Telephone   | 804/740-6828          | Fax   | 804/740-1881 |     |       |

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### SIGNATURE of Applicant or Assignee of Record

|           |                        |
|-----------|------------------------|
| Name      | Geoffrey James Parnell |
| Signature |                        |
| Date      | 12/22/03               |

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### SIGNATURE of Applicant or Assignee of Record

Name

James Prill

Signature

*James M. Prill*  
12/22/03

Date

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☒ \*Total of 4 forms are submitted.